

Bureau of Transportation Statistics
U.S. Department of Transportation
K-27
400 Seventh Street, SW
Washington, DC 20590

Motor Carrier Quarterly Report
Form QFR

Quarter ☐ 1 Year 1998
☐ 2
☐ 3
☐ 4

MC No. _____

Full Name and Address of Reporting Carrier:

Name of Company

Address

City

State

Zip

Telephone No.

States of Operation
(Use two letter postal abbreviation.)

Type of Operation Based on
Major Source of Revenues

() General Freight
() Household Goods
() Dual Authority Carriers
() Specialized

If respondent is a consolidated group, list and describe all entities making up the consolidation.

If a merger, consolidation or change in the company or consolidated group occurred during the year, please describe.

*THIS REPORT SHALL BE COMPLETED BY ALL CLASS I COMMON MOTOR CARRIERS OF
PROPERTY (49 CFR 1249)*

QUARTERLY REPORT OF RESULTS OF OPERATIONS -- **GENERAL INSTRUCTIONS**

1. All Class I Common and Class I Household Goods carriers are required to file quarterly report Form QFR, "Quarterly Results of Operations". These forms must be filed, in duplicate, with the Bureau of Transportation Statistics, Department of Transportation, K-27, 400 Seventh St, SW, Washington, DC 20590, within 30 days of the close of the period to which they relate. The third copy of the report should be retained by the carrier, while the original form along with one copy should be sent to the Bureau of Transportation Statistics.
2. In preparing the report, be certain to show the carrier's correct name and mailing address. The carrier's mailing address is the address where correspondence relating to accounting and reporting is to be directed, including PO Box number, if applicable.
3. Mergers, consolidations, purchases, leases, sales, etc., of all or any part of operating authority, rights, etc., should be explained, including motor carrier finance number, consummation dates, and related information. If the report is the last to be filed because the carrier ceased operations, it should be plainly marked "Final Report" at the top of the form and the reason stated therefore.
4. Money items in the report should be in THOUSANDS of dollars. For purposes of rounding, amounts of \$500 but less than \$1000 should be raised to the nearest THOUSAND dollars, and amounts of less than \$500 should be lowered. This report should cover the operations of the reporting carrier from the beginning of business on the first day to the close of the last day for the period covered. Deficits, losses, or other reverse items must be indicated in parentheses. Statistical items in miles and tons should be shown to the nearest WHOLE number without decimals or fractions.
5. Large differences between figures reported in the current quarter and those for the preceding quarter or for the same quarter of the previous year, along with other unusual items, should be explained.
6. On lines 35 & 36, carriers shall report freight statistics exclusive of household goods data.
7. On lines 39-44, include data relating to Household Goods carriers operations only.
8. On lines 45-79, include data relating to general freight carriers only. General Freight carriers are motor carriers which derive 75% or more of transportation operating revenues from the transportation of general commodities.

FOOTNOTES

- ¹ Include both loaded and empty mileage of both owned and rented vehicles, the revenue from which are reported on lines 1 and 2. Use estimates if necessary.
- ² Tons reported on line 36 should equal total tons on lines 76 and 77. Use estimates if necessary.
- ³ Include items charges to 7 - Traffic & Sales, 8 - Insurance & Safety, and 9 - General & Administration together in column (I).
- ⁴ If drivers of rented vehicles are carried on respondent's payroll, include miles operated on line 61.
- ⁵ Include miles of respondent's loaded and empty revenue vehicles moved by rail, water and/or air.

It is estimated that an average of 2 burden hours per response are required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to the Bureau of Transportation Statistics, Department of Transportation, K-27, 400 Seventh St, SW, Washington., DC 20590 and the Office of Management and Budget, Paperwork Reduction Project, 2139-0002, Washington, DC 20403.

Name _____

FORM QFR

MC No. _____

RESULTS OF OPERATIONS: (ALL CARRIERS)

Line No.	Description (A)	Figures for this quarter		Cumulative Figures	
		THIS YEAR (B)	LAST YEAR (C)	THIS YEAR (D)	LAST YEAR (E)
1	Freight revenue -- Intercity common carrier				
2	Freight revenue -- Intercity contract carrier				
3	Freight revenue -- local cartage				
4	Intercity transportation for other motor carriers				
5	Other Operating Revenues				
6	TOTAL OPERATING REVENUES (Lines 1-5)				
7	Household Goods Carriers Revenues				
8	Private Carrier and C Intercompany Hauling Revenues				
9	TOTAL OPERATING EXPENSES				
10	Household Goods Carriers Expenses				
11	NET CARRIER OPERATING INCOME (Lines 6,7,8 - Lines 9, 10)				
12	Interest and Dividend Income				
13	Lease of distinct operating unit -- net debit/credit				
14	Other non-operating income & deductions, unusual items, etc.				
15	Non-operating gains/losses on disposition of assets				
16	Interest expense				
17	TOTAL OTHER INCOME / EXPENSE (Lines 12 - 16)				
18	ORDINARY INCOME BEFORE TAXES (Line 11 +/- Line 21)				
19	Income taxes payable currently (Federal , State, & Other)				
20	Deferred taxes				
21	TOTAL PROVISION FOR INCOME TAXES (Lines 19-20)				
22	INCOME / LOSS AFTER TAXES (Line 18 +/- Line 21)				
23	Gain/loss from operations and disposal of discontinued segment				
24	Extraordinary items including income taxes (net)				
25	Provisions for deferred taxes -- extraordinary items				
26	Cumulative effect of changes in accounting principles				
27	TOTAL EXTRAORDINARY ITEMS AND ACCOUNTING CHANGES (Lines 23 - 26)				
28	NET INCOME / LOSS (Line 22 +/- Line 26)				
29	OPERATING RATIO (Line 9 + Line 6 [General Freight])				
30	TOTAL OPERATING RATIO (Lines 9 & 10 + Lines 6 & 7)				

Name _____

FORM QFR

MC No. _____

RESULTS OF OPERATIONS: (*ALL CARRIERS*)

Line No.	Description (A)	<u>Figures for this quarter</u>		<u>Cumulative Figures</u>	
		THIS YEAR (B)	LAST YEAR (C)	THIS YEAR (D)	LAST YEAR (E)
	SELECTED FINANCIAL DATA: (<i>ALL CARRIERS</i>)				
31	Intangibles, end of period			xxx	xxx
32	Total assets			xxx	xxx
33	Total liabilities			xxx	xxx
34	Shareholders' equity			xxx	xxx
	OPERATING STATISTICS: (<i>ALL CARRIERS -- EXC. HHG</i>)				
35	Intercity miles of power vehicles in freight service -- Common and Contract ¹ (use estimates if necessary)				xxx
36	Tons of revenue freight carried in intercity service (Actual weight) -- Common and Contract ² (use estimates if necessary)				xxx
	FUEL DATA: (<i>ALL CARRIERS</i>)				
37	Fuel purchase including Fuel Tax (Whole Dollars)				xxx
38	Gallons of fuel purchased				
	HOUSEHOLD GOODS DATA: (<i>HHG ONLY</i>)				
39	Carrier Intercity Revenue				
40	Contract Carriage Intercity Revenue				
41	Total Carrier Operating Revenue				
42	Total Tons				
43	Total Shipments				
44	Total Vehicle Miles				

Name _____

FORM QFR

MC No. _____

OPERATING EXPENSES AND STATISTICS*

*This page to be completed by general freight carriers. (See instruction 8 on instruction page for definition of general freight carrier.)

Line No.	DESCRIPTION (A)	TOTAL (B)	LINEHAUL - 1 (C)	PICKUP & DEL., - 2 (D)	BILL & COLL., - 3 (E)
45	Salaries -- Officers & Supervisory Personnel				
46	Salaries, Wages & MPTO				
47	Other Fringes				
48	Oper. Supplies & Exp.				xxxxx
49	General Supplies & Exp.				
50	Oper. Taxes & Licenses				
51	Insurance				
52	Communications & Utilities				
53	Depreciation & Amortization				
54	Equip. Rents & Purch. Transp.				xxxxx
55	Bldg. & Off. Equip. Rents				
56	Gain/Loss on Disp. of Assets		xxxxx	xxxxx	xxxxx
57	Misc. Expenses		xxxxx	xxxxx	xxxxx
58	GRAND TOTAL				
		PLATFORM - 4 (F)	TERMINAL - 5 (G)	MAINTENANCE - 6 (H)	ALL OTHER - 9 (I) 7,8,0 ³
45	Salaries -- Officers & Supervisory Personnel				
46	Salaries, Wages & MPTO				
47	Other Fringes				
48	Oper. Supplies & Exp.				
49	General Supplies & Exp.				
50	Oper. Taxes & Licenses				
51	Insurance				
52	Communications & Utilities				
53	Depreciation & Amortization				
54	Equip. Rents & Purch. Transp.	xxxxx	xxxxx	xxxxx	xxxxx
55	Bldg. & Off. Equip. Rents				
56	Gain/Loss on Disp. of Assets	xxxxx	xxxxx	xxxxx	
57	Misc. Expenses	xxxxx			
58	GRAND TOTAL				

Name _____

FORM QFR

MC No. _____

OPERATING STATISTICS: *(GENERAL FREIGHT CARRIERS ONLY)*

Line No.	DESCRIPTION (A)	QUARTER (B)	CUMULATIVE (C)
59	Total miles operated -- Owned vehicles		
60	Total miles operated -- Vehicles rented with drivers		
61	Total miles operated -- Vehicles rented without drivers ⁴		
62	Driveaway -- Miles operated in intercity service		
63	TOTAL MILES OPERATED -- INTERCITY HIGHWAY SERVICE (Lines 59-62)		
64	Miles -- Rail, water and air services		
65	Ton-miles -- Intercity revenue freight -- Motor carrier highway service ⁵		
66	Ton-miles -- Intercity revenue freight -- Rail, water & air service		
67	TOTAL TON-MILES		
68	Hours in pickup & delivery service by linehaul vehicles: (a) Vehicles -- Owned		
69	(b) Vehicles -- Rented		
70	Miles in linehaul service by pickup & delivery vehicles: (a) Vehicles -- Owned		
71	(b) Vehicles -- Rented		
72	Hours in pickup & delivery service by pickup & delivery vehicles: (a) Vehicles -- Owned		
73	(b) Vehicles -- Rented		
74	Freight revenue Intercity serv. -- 10,000 lbs. & over		
75	Freight revenue Intercity serv. -- Up to 10,000 lbs.		
76	Tons of Intercity freight carried -- (Act. Wt.) -- 10,000 lbs. & Over ²		
77	Tons of Intercity freight carried -- (Act. Wt.) -- up to 10,000 lbs. ²		
78	Number of Intercity shipments carried -- 10,000 lbs. & over		
79	Number of Intercity shipments carried -- up to 10,000 lbs.		

CERTIFICATION

I hereby certify that this report was prepared by me or under supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

YOUR SIGNATURE_____
TITLE_____
DATE